

**PERSONAL HISTORY RECORD**  
**REGISTRATION FOR FILING OF INDEPENDENT AGENT**

Date \_\_\_\_\_

**GENERAL INSTRUCTIONS**

Handprint or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on supplemental page or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or call forward for finding of suitability regarding the applicant.

All applicants are further advised that an application for filing as an independent agent, finding of suitability, or for other action may not be withdrawn without the permission of the licensing agency.

**1. GENERAL INFORMATION**

For which casino will you be performing Independent Agent activity? \_\_\_\_\_

From what geographic area will you draw your customer base? \_\_\_\_\_

Name of Independent Agent's business \_\_\_\_\_

Address of Independent Agent's business \_\_\_\_\_

**2. PERSONAL INFORMATION**

Last Name (Include Sr., Jr., etc., if applicable)	First Name	Middle Name
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Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) \_\_\_\_\_

Home Address: Since _____ (Date)	Apt. #	City/Town	State	Zip Code
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Mailing Address (If Different Than Home Address)	Apt. #	City/Town	State	Zip Code
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Present Business Name/Address: Since _____ (Date)	City/Town	State	Zip Code
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Telephone Numbers: Residence: (_____) _____ - _____ Business: (_____) _____ - _____ Cellular: (_____) _____ - _____ Fax: (_____) _____ - _____	Occupation  E-Mail Address (Optional) _____
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Date of Birth (Month/Day/Year)	Age	Place of Birth (City/County/State)	Social Security No./Foreign I.D. No.
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Sex	Color of Eyes	Color of Hair	Complexion	Height	Weight	Build
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Scars, Tattoos, or Distinguishing Marks and/or Characteristics \_\_\_\_\_

Country of citizenship \_\_\_\_\_ If a non-U.S. citizen, Registration No. \_\_\_\_\_

If naturalized U.S. citizen, Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If Naturalized, document must be verified.)

Applicant's Initial \_\_\_\_\_

### 3. MARITAL INFORMATION

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

A. **Current Marriage:**

Date of Marriage		Place (City/County/State)			
Spouse's Full Name (Maiden)			Social Security Number/Foreign I.D. No.		
Date of Birth		Place of Birth			
Residence Address		Apt. #	City/Town	State	Zip Code
Telephone Residence (____)____-____ Business (____)____-____					
Spouse's Employer				Occupation	
Address of Employer			City	State	Zip Code

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date and Place of Marriage	Nature of Action	City/County/State

List the names and current address of previous spouses:

Name	Street	City	State	Zip	Telephone
					(____)____-____
					(____)____-____
					(____)____-____

### 4. ARREST INFORMATION

**Arrests, Detentions and Litigations: (List all arrests regardless of disposition, expunged or sealed.)**

A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except **minor** traffic citations.) Yes ☐ No ☐

Date of Arrest	Age	Charge	Location – City and State	Disposition and Date	Arresting Agency

**ARREST INFORMATION – Continued**

- B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details.

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- C. Have you ever been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee? Yes ☐ No ☐

- D. Have you ever been subpoenaed to appear or testify before a federal grand jury, board or commission? Yes ☐ No ☐

- E. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐

If yes, when?: \_\_\_\_\_ city, county, and state \_\_\_\_\_

- F. Have you ever received a pardon for any criminal offense? Yes ☐ No ☐

If yes, when?: \_\_\_\_\_ city, county, and state \_\_\_\_\_

- G. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐

If yes, complete the following:

Name	Relationship	Date	Charge	Location

- H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation or LLC, ever been a party to a lawsuit or arbitration as either a plaintiff or defendant? Yes ☐ No ☐ (Other than divorces.)

If yes, give details below. List all cases without exception, including bankruptcies. **(If bankruptcy, please furnish copies listing creditors and amounts discharged.)**

Date Filed	Description of Lawsuit	Court and Case Number	City, County, and State	Disposition/Date

If your answer to any of the above questions (A through H) is yes, furnish details.

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**5. MILITARY INFORMATION**

Have you ever served in any armed forces? Yes ☐ No ☐

Branch \_\_\_\_\_ Date of entry – active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial number \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes ☐ No ☐

If yes, furnish details below. (List all incidents regardless of where they occurred – foreign or domestic.)

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## 6. EDUCATION

	Name of School	Location	Dates Attended	Graduate
Grammar School				
Junior High School				
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				

Type of degree obtained, if any \_\_\_\_\_

College or University where obtained \_\_\_\_\_

## 7. FAMILY INFORMATION

### A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

### B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

District attorney or public agency responsible for enforcing the child support order:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

**FAMILY INFORMATION – Continued****C. Parents:**

List names, residence address, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. **If retired or deceased, list last address and occupation.**

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

**D. Brothers and Sisters:**

List names, residence address, dates of birth, and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			

**8. RESIDENCES**

Beginning with your current residence, list all residences you have had for the last 10 years:

Month and Year (From – To)	Street and Number	City	State or County
-			
-			
-			
-			
-			
-			
-			
-			
-			

## 9. EMPLOYMENT

A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or **all periods of unemployment since 18 years of age.**

Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
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Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
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Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
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Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
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Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To) -	Name/Mailing Address/Type of Business/Phone Number		Is Business Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
Title	Description of Duties	Name of Supervisor/Title		Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant's Initial \_\_\_\_\_

**EMPLOYMENT – Continued**

- B. List all corporations, partnerships, limited liability companies, or any other business ventures with which you have been associated as an officer, director, stockholder, member, or related capacity, since 18 years of age.

**Note:** List only those entities not previously disclosed in section 9A, above.

Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity	Reason for Leaving
Title of Office or Position Held		Description of Duties
Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity	Reason for Leaving
Title of Office or Position Held		Description of Duties
Month and Year (From – To) -	Name and Address of Firm, Corporation, or Other Business Entity	Reason for Leaving
Title of Office or Position Held		Description of Duties

**10. CHARACTER REFERENCES**

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Where Employed	Street, City, State, Zip Code	Telephone	Years Known
Name	Home	( ) -	
Employer	Business	( ) -	
Name	Home	( ) -	
Employer	Business	( ) -	
Name	Home	( ) -	
Employer	Business	( ) -	
Name	Home	( ) -	
Employer	Business	( ) -	
Name	Home	( ) -	
Employer	Business	( ) -	

**11. Have you ever held a privileged or professional license in any state, including but not limited to the following:**

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Real estate broker or salesman	Doctor	Jockey	Contractor	Gaming
Accountant	Boxing promoter	Trainer or manager	Pilot	

Yes ☐ No ☐

If yes, state type, where, dates held, and the nature of any disciplinary actions taken against you:

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**12. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation, OUTSIDE the State of Nevada?**

Yes ☐ No ☐

A. If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners.

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B. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☐

If yes, submit details.

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**13. Have you ever been refused a gaming or liquor license or related finding of suitability or been a participant in any group which has been denied a gaming or liquor license or related finding of suitability?** Yes ☐ No ☐

If yes, state where, when, and for what reason.

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**14. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by the State of Nevada?** Yes ☐ No ☐

If yes, state type of license, name of establishment, location, and period held.

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**15. Have you registered as an Independent Agent with the Nevada Gaming Control Board in the last ten (10) years?**

Yes ☐ No ☐

If yes, list all casino properties where currently or previously registered. Include the date registered.

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**16. List all jurisdictions OUTSIDE the State of Nevada where you have been registered or licensed as an Independent Agent in the last ten (10) years.**

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**17. Do you have any relatives associated with or employed in the gaming or liquor industry?** Yes ☐ No ☐

If yes, state name, relationship, and association or employment.

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**18. If currently or previously employed in Nevada gaming, give dates and places of issuance of work permits and gaming employee registrations.**

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**19. Are you currently indebted to a gaming licensee?** Yes ☐ No ☐

If yes, describe the nature of the debt and the amount.

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**20. Have you had any personal indebtedness to a gaming licensee written off in the past three (3) years?**

Yes ☐ No ☐

If yes, describe the nature of the write-off and the amount.

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**21. Have you had any cash transactions exceeding \$10,000 in the past three (3) years?** Yes ☐ No ☐

If yes, describe the transaction.

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ATTACH PHOTOGRAPH  
TAKEN WITHIN LAST 30  
DAYS HERE

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

I, \_\_\_\_\_, being duly sworn, depose and say that I have read the foregoing  
(Registrant's Name)  
application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; **that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a state gaming license;** that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140(5) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."; and, further, that I have familiarized myself with the contents of the Nevada Gaming Control Act, as amended, and the Regulations of the Nevada Gaming Commission as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive release, and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a gaming license in the State of Nevada.

\_\_\_\_\_  
Signature of Registrant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(SEAL/STAMP)

#### CERTIFICATION OF FORM

Nevada Gaming Regulation 10.010 requires that every attorney, certified public account, or other agent who prepares this document on behalf of the registrant be properly enrolled with the Commission. Regulation 10.110 requires any such representative to certify such document. If this document was prepared by such a representative, please have that person complete the following:

I, \_\_\_\_\_, do hereby certify that I am enrolled to practice before the Nevada  
(Representative's Name)  
Gaming Commission and am fully knowledgeable of my responsibilities under Regulation 10. I further certify that I have prepared this document on behalf of the registrant in conformity with the Nevada Gaming Control Act and the Regulations of the Nevada Gaming Commission.

\_\_\_\_\_  
(Signature of Attorney, C.P.A. or Agent)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(Telephone)

Applicant's Initial \_\_\_\_\_

[illegible]